

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	102	7523	
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>		5 5-5-00	
	(60874)	7100	8-7-0

**INDEX OF CLAIMS**

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5-5-00
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4	=	✓	
5	=	✓	
6	=	✓	
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10	=	✓	
11	=	✓	
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13	=	✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

**Best Available Copy**